10700067585

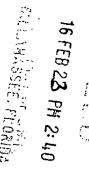
(Re	equestor's Name)				
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP	☐ WAIT	MAIL			
(Business Entity Name)					
(Document Number)					
Certified Copies	_ Certificates	of Status			
Special Instructions to Filing Officer:					
		ı			
,					

Office Use Only



800282435438

02/23/16--01015--023 **25.00



FEB 2 6 2016 Y SULKER

COVER LETTER

TO:	Registration Section		
	Division of Corporations		
SUBJI	ECT: PENINSULA POOL BUILDE	RS LLC	
	(Name of Lim	ited Liability Cor	npany)
The en	closed member, resignation or dissoci	ation and fee(s	s) are submitted for filing.
Please	return all correspondence concerning	this matter to:	
WILLI	IAM A HEILMAN		
	(Contact Person)		-
PENI	NSULA POOL BUILDERS LLC		
	(Firm/Company)		_
6083	N.W. 72ND WAY		_
	(Address)		_
PARK	KLAND, FL. 33067		
	(City/State and Zip Code)		-
For fur	ther information concerning this matte	er, please call:	
THEM	/IIS GIACHOS	954 at (979-5311
	(Name of Contact Person)	(Area Code	& Daytime Telephone Number)
	sed please find a check made payable t Filing Fee		Department of State for: g Fee & Certified Copy
	ET/COURIER ADDRESS:		MAILING ADDRESS:
_	ration Section		Registration Section
	on of Corporations n Building		Division of Corporations P.O. Box 6327
	Executive Center Circle		Tallahassee, Florida 32314
	assee, Florida 32301		TWINGSON, TIOTING JES IT

CR2E079 (2/14)



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

DISSOCIATION OR RESIGNATION OF MEMBER, MANAGER FROM FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

(Pursuant to 605.0216, Florida Statutes)

1. The name of the	limited liability company as	it appears on the records of the Flori	ida Department
of State is: PEN	IINSULA POOL BUILDER	RS LLC	·
2. The Florida doc	ument/registration number a: 5	ssigned to this limited liability compa signed or will withdraw/resign is:, hereby withdraw/resign as a	any is:
3. The date this me	mber/manager withdrew/res	igned or will withdraw/resign is:	B 18,2016
4. I. WILLIAM A. HEILMAN		, hereby withdraw/resign as a	
(Print N	lame of Person Resigning)		
MANAGING AGENT			=
	(Print Title)		2: +0
of this limited lia resignation in wr		ne limited liability company has been	notified of my
Wil .	A. Hil		
Signature of D	issociating Member or Resig	ning Manager	
_	\$25.00 (Required)		
Certified Copy:	\$30.00 (Optional)		